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The Caring State? On Rural Welfare Governance in Post-reform Vietnam and China

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ABSTRACT

We make three arguments in this review of the literature on rural welfare governance in Vietnam and China. First, welfare restructuring in these countries has gone through two overlapping processes of contraction and expansion, underlined by changing politics of needs and shifting modes of governance since their shift from state to market socialism. Such politics are the outcome of the Communist party-state's dual project of legitimization and control, as widespread social conflicts challenge its legitimacy. Secondly, the dislocations and inequalities induced by marketization have been coupled with greater involvement of a broad range of social actors in welfare provision. Thirdly, the rise of social protection is shaped by state control, wealth disparities between regions and social classes, and a care politics deeming certain groups as failing to meet the human capital requirements of the new economy. While providing some buffer against destitution, existing forms of social protection do little to alleviate the social exclusion and inequality resulting from post-reform dispossession.



KEYWORDS

Rural welfare; care; neoliberalism; new prudentialism; China; Vietnam

Introduction

China and Vietnam are two of the few remaining socialist countries that have long abandoned central planning for a market economy. In a system now commonly called market socialism, the Communist party-state remains in power as the economy is liberalized. More than three decades have passed since China started reforms in 1979, which Vietnam also officially adopted in 1986. Much has changed in the two countries, now richer, vastly more urbanized and globally connected. While poverty reduction and economic growth have been impressive, they have gone hand in hand with rising social inequalities. Reviewing the literature on rural welfare governance in Vietnam and China, we suggest that significant changes in welfare creation and distribution have been occurring, changes that are internal to shifting modes of governance in these countries.

Drawing on recent theorizing of the relationship between socialist governance and privatization (Zhang and Ong 2008; Schwenkel and Leshkowich 2012), we make three arguments. First, contra the common narrative of world-wide austerity going stronger, welfare

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restructuring in Vietnam and China has gone through two overlapping processes of contraction and expansion, underlined by changing politics of needs and shifting modes of governance. Such politics are shaped by the party-state's dual projects of legitimation and control, as widespread social conflicts and tension challenge its legitimacy, especially in rural areas. Secondly, the dislocations and inequalities arising from marketization have been met by a countermovement of social protection from a broad range of social actors, as Polanyi formulated in his important thesis on the double movements arising from run-away liberalization (1985). Third, the rise of social protection in these settings, however, is located at the intersection between state control, wealth disparities between regions and social classes, and a care politics that Others certain social groups, in many ways consolidating the power of the party-state, which is recasting itself as a caring and modern welfare state. Yet, while providing some buffer against destitution, existing forms of social protection do little to alleviate the social exclusion and inequality resulting from post-reform dispossession.

Vietnam and China differ greatly in their size and population, historical experiences of colonialism and socialism, and the depth and outcomes of their economic reforms. While both embraced state socialism around the early 1950s, Vietnam went through more than two decades of war. Meanwhile, the massive social engineering that caused significant turmoil in China, such as the Great Leap Forward, hardly happened in Vietnam. The state's intervention in social reproduction was stronger in China, notably through stricter enforcement of policies on marriage and child-bearing and the distribution of workers/peasants' entitlement. The one-child policy was implemented in China with greater coercion, whereas the Vietnamese state largely carried out a two-child policy through social pressures and discriminatory entitlements (Croll, Davin, and Kane 1985; Gammeltoft 1999). Industrialization and urbanization have taken place at a deeper level in China through its dual-track model that promotes special economic zones in coastal cities alongside rural industrialization under the Township and Village Enterprises program. Vietnam has mainly concentrated development in and around the major urban centers, although it is also urbanizing rapidly. The concentration of wealth and income inequality is noticeably higher in China than in Vietnam (Malesky and London 2014).

Keeping in mind these divergences, we do not systematically compare rural welfare governance between Vietnam and China. Our purpose is to identify parallel dynamics in two countries that embrace market socialism, a system in which the political monopoly of the party-state continues to shape the direction of marketization.

Post-reform development, governing from a distance and new prudentialism

Despite the state's continued dominance in certain sectors, privatization, commodification and globalization have been the mainstays of post-reform development, prompting massive industrialization, urbanization and population mobility. There are hundreds of millions of rural migrants in China and millions in Vietnam. Unprecedented urbanization has been occurring along the east coast of China and the Southwest of Vietnam, leading to the emergence of mega urban centers. Becoming rich, consuming and owning property, previously politically incorrect and socially condemned, have become normalized aspirations.

Major political transformations have also taken place. As Zhang (2010, 10) points out, two concurrent political processes of *dispossession* and *devaluation* have been integral to post-reform development. Dispossession has taken place in the form of the political elite appropriating public assets and natural resources, of millions of workers losing their job security, of millions of others undergoing forced relocations, losing their property and livelihoods for urban development. Devaluation underscores the construction of differential social and spatial categories of labor and citizenship by the state. In both countries, there is an all-encompassing discourse of 'human quality' (*suzhi/dan tri*) that differentiates desirable from undesirable subjects and regions (Anagnost 2004; Kipnis 2007; Nguyen and Locke 2014). In this construction, the urban poor, rural people, rural migrants and remote regions are in want of human quality and in need of education and guidance by state and market agents. Such a construction serves to frame the responsibility of well-being, employment and care as a matter of individual effort and ability (Gaetano and Jacka 2004; Fong and Murphy 2006). It helps justify the social consequences of development policies and sustain state legitimacy in the face of rising inequalities, environmental pollution and unemployment. While life under state socialism, characterized by state intrusion in private life, coercive mobilization for grand projects, poverty and war in Vietnam's case, was never secure, post-reform insecurity has been drastically reconstituted through such dispossession and devaluation.

The party-state continues to claim its role as the sole guardian of the nation's interests and the well-being of the people. Socialist instruments of control such as the household registration system (*hukou/ho khau*) continue to be used for regulating population mobility and welfare distribution. Nevertheless, state intervention in social and private life has become more subtle than in the previous era. Scholars have spoken about the ways in which socialist control mechanism intermingles with neoliberal practices of governing from a distance in the governing approach of the party-state. In Vietnam, 'state and non-state actors have over the past decade become increasingly interested in the projects of self-cultivation and value creation that resonate both with the needs and anxieties of the market place and with continuous socialist genealogies' (Schwenkel and Leshkovich 2012, 386). The Chinese state similarly 'creates a space for people to exercise a multitude of private choices, but always within the political limits set by the state', an approach that Zhang and Ong refer to as 'socialism from afar' (2008, 2).

The shifting welfare dynamics in Vietnam and China are part of these governing dynamics. While the party-state has been extending minimal welfare to rural populations, this move foregrounds what some refer to as 'new prudentialism', the notion of an apolitical moral subject primarily concerned with private choice and private responsibility (Rose 1999, 158). In such logics, welfare constitutes an individualized mandate according to which individuals and families should use their own resources to ensure well-being. While contradicting the state socialist principle of universalism, 'new prudentialism' resonates with cultural ideas of the family and community as the primary sites of care for which moral obligations of filial piety and reciprocity are central. What is novel in these contexts is the promotion of an industry seeking to market solutions to anxieties about future risks and moral obligations as well as the making of self-responsible subjects seeking to preempt risks via the market. The coexistence of the various moral frameworks helps to produce self-reliant citizens pursuing their private goals while remaining politically governable by the state.

At the same time, the post-reform dislocations experienced by the dispossessed and the marginalized not only pose challenges to the legitimacy of the state, demanding it to live up to ideological claims, but also invoke diverse social responses. What has been happening in China and Vietnam draws parallels to Polanyi's vision of a double movement underlining the unfolding of an unfettered market economy (1985). On the one hand, Polanyi argues, economic liberalization unleashes destructive forces through the commodification of land, labor and money, the fabric of social life; on the other hand, society would respond through a countermovement of social protection. In China and Vietnam, the social problems emerging from post-reform liberalization have been met by a rise of social protection partaken by public and market institutions, social movements and actors, creating an entirely new welfare landscape. The social protection is, however, located in a field of power dominated by the party-state, yet with intense struggles between the governing and the governed and fuzzy boundaries between the state, the market and the so-called third sector.

Changing welfare landscape: dispossession and 'socialization'

During state socialism, welfare was often of low standards, uneven and characterized by a vast difference between the city and the country. There was an overreliance on the urban work unit and the rural agricultural cooperatives in financing welfare (Bryant 1998; Solinger 2005). These institutions distributed their meager resources according to egalitarian principles (Gao 1999). The state promised care of children and the elderly to support the productive workforce; childcare groups were organized and the elderly were given grain subsidies, although in rural areas, care continued to be largely secured through the family by women's unpaid labor.

Nevertheless, there was visible improvement in primary health care and education through public measures such as immunization and a basic schooling system – mortality, public health problems and illiteracy all declined in rural areas (Bryant 1998; Gao 1999; Zhang, Yi, and Rozelle 2010; London 2011). Basic healthcare was provided through state funding of commune health centers in Vietnam while in rural China, there was a system of barefoot doctors, local people trained in basic medical skills providing treatment for farmers. In China, primary and secondary education was made accessible to the rural population through barefoot teachers and urban teachers sent to rural areas, while a quota system allowed rural students to enter tertiary education (Gao 1999). In Vietnam, most rural villages had access to a primary school by the 1960s and literacy significantly improved in later decades (Bryant 1998).

Following their reforms, the rural cooperatives and the urban work units were dismantled, along with the health, education and care they had financed – these services quickly became expensive market commodities. In China, barefoot doctors were abandoned in 1981, and the public health system was in near collapse; enrolment into primary and secondary schools dropped by 14 million students and more than 40 thousand schools were closed nationwide (Gao 1999; Zhang, Yi et al. 2010). In Vietnam, a similar situation was observed following the reform (Bryant 1998; Truong 2007; London 2011). Meanwhile, not only were rural people stripped off the care and services previously available, heavy agricultural taxes were levied to raise funds for local development projects. Land, the main source of rural security, was taken away for local development,

especially in the periphery of bigger cities. In China, about 50–66 million peasants lost all or part of their farmland and homes to local development projects between 1990 and 2002 (Hsing 2010, 32). In Vietnam, hundreds of thousands of households have been in the same situation (Nguyễn 2009; Phuc, van Westen, and Zoomers 2014).

In the meantime, rural areas came to bear the costs of reproducing a migrant labor force for urban and industrial development. The low cost of this labor force is secured through the devaluation of migrant labor and migrants' limited access to urban welfare and social rights on account of the household registration system (Wang 2005; Fong and Murphy 2006; Le, Tran, and Thao Nguyen 2011). In other words, insecure industrial and urban employment and a discriminatory citizenship help divert welfare liabilities towards rural areas. The countryside not only supplies migrant labor but assumes the reproduction of such labor, notably through the care of the migrants' rurally based family members (Nielsen and Smyth 2008; Le, Tran, and Thao Nguyen 2011). Concurrently, household spending in schooling and medical expenses escalated, becoming burdens for many – health care has become one of the greatest sources of insecurity for rural households (Belanger and Liu 2008; Liu and Darimont 2013). Besides, rural migrants often have to return to the countryside to secure educational and health services because of their restricted access to urban services (Murphy 2014; Nguyen 2015a). Thus while migration has become an important means to ensure rural households' well-being, it also induces further insecurity and risks (Murphy 2002; Nguyen 2015a). If the market economy has enabled massive wealth accumulation for certain groups, most rural people have been disproportionately affected by such processes of dispossession and devaluation for the sake of market development.

In both countries, social unrest due to forced relocation, loss of property, livelihoods and rights as a result of development and policies such as taxation and family planning has become the norm. Tax resistance in the 1990s became frequent in rural areas (O'Brien and Li 2006; Perry and Selden 2010; Wells-Dang 2010). In China, protests related to the coercive enforcement of the one-child policy were also widespread (Perry 2010). Between 1995 and 2005, the recorded number of protests in China went up 10-fold from 8,700 to 87,000 (Fewsmith 2010), and in Vietnam they have become increasingly frequent (Phuc, van Westen, and Zoomers 2014). Such discontent challenges the party-state's claim to be the caring guardian of the people and its promises of social equality. After heady years of economic growth at all costs, the party-state could no longer ignore the social and political problems of marketization. These foreground the rhetoric of Harmonious Society in China and of Social Stability and Development in Vietnam, through which the party-state re-emphasizes its role as the moral leader of the nation.

Rather than mere rhetoric, however, the party-state has also been experimenting with concrete programs. Within more or less a decade, both countries have established a basic health insurance system and a basic pension program. Cash transfer, food and housing support, and a range of social protection programs are put in place (see further below). Yet, the state no longer sees itself as the provider, but as supervisor and legislator of welfare, as stated by former Chinese prime minister Wen Jiabao (2003–13), who promoted the idea of the Harmonious Society:

Social programs designed to meet non-basic needs should be handed over to the non-public sector to let the market satisfy the multi-layered and individualized needs of society through

the development of related industries, and the government should only carry out its supervisory and regulatory responsibilities. (Stepan and Müller 2012, 69)

The term ‘socialization’, frequently used by state actors in both contexts, implies that people should rely on their own resources for their well-being while actively contributing to social causes. People must strive to fulfill their own needs, except for the neediest and most incapacitated, deemed to be failing subjects. In many cases, what ‘socialization’ boils down to is the capacity and readiness to pay:

Our calculations show that we should not expect too much of social welfare. The financial capacity of the government is only sufficient to maintain a basic system with a low level of coverage for many components. For a long time to come, free welfare programs (excluding compulsory education)¹ will need to focus on low-income populations and special groups. Most middle and above-middle-income people in urban and rural areas will have to pay for their social security programs. Paid-for welfare services are therefore going to continue to be primary in our social welfare system. (Foundation 2012, 22)

The focus on the individual in the document above disguises a discourse of familism that is prevalent in policy statements and media reporting. In both countries, the family has always been considered as the building block of welfare (Wong 1998; Solinger 2005; Barbieri and Bélanger 2009). During state socialism, it was supposedly superseded by the socialist state as the ‘bigger family’, which directly intervened in the private life and decisions of family members (Wong 1998). In practice, because of the low quality of socialist welfare, familial care remained central to rural people (Barbieri and Belanger 2009; Santos and Harrell 2017). The focus on the family became stronger with the dissolution of cooperatives; family values such as filial piety and age honoring are now actively invoked for the care of its members. Family ties are used as criteria for means-tested social benefits for which only incapacitated people with no supporting family members are eligible (Wong 1998; Nguyen 2015a). Dependency on the state therefore causes the double stigmatization of incapacity and moral failings.

Yet, alongside population aging and mobility, ideas of personal freedom (Yan 2009) and what Davis and Friedman (2014) term the deinstitutionalization of marriage are reconstituting family relations. According to Santos and Harrell (2017), filial obligations are no longer to be taken for granted – although they remain important, respect and care within the family are to be earned through mutual personal and affective investment. Meanwhile, there is indication of ‘a crisis of filial piety’ (Zhang 2017), more generally a care dilemma in both countries, a situation in which middle-aged adults, particularly women, are burdened both by familial obligations and the pressure to perform economically. These have given rise to solutions through the market, be it paid domestic service, private care homes or life insurance (Chan 2011; Hoang 2015; Nguyen 2015b; Zhang 2017). While such solutions remain more available to the urban middle class, they are becoming relevant for better-off rural families, especially in wealthier regions. Familial care thus has become both highly differentiated and uncertain in both settings – reports of elderly people being abandoned or small children left behind by migrant parents abound. The resulting perception of a moral crisis gives an opportunity for the party-state to exert moral authority, often through guidance on how to act morally in modern times, guidance that market actors gleefully adopt to promote their services (Santos and Harrell 2017). The New 24 Exemplars of Filial Piety² recently released by China’s National Bureau of Senior

Affairs, for example, includes advices to teach parents how to use the Internet, watch movies with them, regularly take them to physical check-ups, travel with them, or buy appropriate insurance for them.

Central to the socialization discourse then is a moral message to citizens, who are supposed to be privately responsible for the well-being of their family members. It is also a moral message to other social actors, who should take part in welfare provision, for example, picking up from where families fail. In both countries, there emerges a changing mix of welfare actors with varying agendas, including civil society, religious and community organizations, and private companies (Carrillo and Duckett 2011; Besharov and Baehler 2013; London 2013). Nevertheless, such diversification of welfare provision can neither be interpreted as an effect of state policies, or the altruism and social awareness of these actors alone. As we shall see, as market logics are permeating state provision of health and education, non-state actors are increasingly sponsored or co-financed by the state (Wells-Dang 2012; Hildebrandt 2013). One could speak about a movement of social protection underlining this changing landscape, a countermovement to the dispossessions of the reform. But unlike Polanyi's characterization of social protection as irreconcilable with marketization (1985), the boundaries between the two are blurry, especially because of the strong presence of the party-state in both domains. In the next section, we review the actual dynamics of welfare in rural areas, revealing their underlying politics and forms of exclusion.

Shifting politics of care: needs, exclusions and dependency

On the surface, the current welfare systems of China and Vietnam display elements of both Bismarkian welfare (emphasis on work-based contributions) and liberal regimes (minimal protection for residual categories) (Goodman, White, and Kwon 1998; Walker and Wong 2005). Closer examination suggests that the financing and implementation of these provisions are determined by local and regional politics of needs shaped by the dispossession and devaluation discussed above. This section first examines available and emerging forms of welfare in detail, then moves on to discuss the politics underlining their formation or resulting from their application.

Contributory welfare: rural health insurance and pension

In the 1980–90s, half-hearted experiments with rural health insurance took place in response to rural discontent with the deterioration of health services (Ensor 1995; Ensor and San 1996; Zhang, Yi, and Rozelle 2010). Not until the mid-2000s did both governments start to increase health insurance coverage in rural areas (Ekman et al. 2008; Zhang, Yi, and Rozelle 2010). The move was part of a program to build a 'new socialist countryside', which aims to improve rural infrastructure, social services, and rural human quality (Ekman et al. 2008; Klotzbücher, Peter Lässig, and Weigelin-Schwiedrzik 2010). By 2009, official statistics suggest that 94 percent of the Chinese rural population are covered under the New Cooperative Medical Scheme (Liu and Darimont 2013, 102), a revival of the pre-reform Cooperative Medical Scheme. With a law on health insurance passed in 2009, Vietnam does not have a separate scheme for rural areas, but a unified system with stratified levels of

payment and multiple components (compulsory, targeted and voluntary) that by now has covered more than two-thirds of its population.³

The Chinese New Cooperative Medical Care is co-financed by governments at central and local levels and out-of-pocket payment; public funds are only released on condition that the participants have bought their insurance. For each participant's annual payment of 25–30 *yuan*, the county supplements 10 *yuan*, and the central government provides 20 *yuan*; the public share amounts to more than 60 percent of the total costs (Klotzbücher, Peter Lässig, and Weigelin-Schwiedrzik 2010; Zhang, Yi, and Rozelle 2010). Reimbursement ranges between 30 and 50 percent of the treatment costs, covering only the expenses of hospitalization and people are required to pay in advance of applying for reimbursement. In the Vietnamese system, compulsory health insurance payment is capped at six percent of the employed person's salary, for which either the state covers (for state employees), or the employees and employers pay according to a ratio of 2:1. For the self-employed and peasants, the health insurance is voluntary. The yearly payment, pegged to the minimum wage, is currently 25 USD (500,000 VND). Most of the rural populations are required to pay for themselves, while the central government subsidizes the health insurance payment of the poor, children under six and participants having revolutionary merits or having been in state service. The insured are reimbursed with up to 80 percent of treatment costs in the hospital to which one's household registration is tagged.

Both countries have also been implementing rural pension schemes. By 2007, less than 10 percent of the 100 million Chinese elders living in rural areas received some form of pension or old-age allowance; in 2009, China started to implement a rural pension scheme with a basic (non-contributory) and an own-account component (contributory), aiming to achieve 100-percent coverage by 2020 (Shen and Williamson 2010). In contrast to the previous experiments with own-account-only arrangements the central state makes differing contributions to the basic component, depending on regional wealth (from 80 percent in the poorest to 10 percent in the wealthiest regions), and the rest is local governments' responsibility. The own-account component requires paying an equivalent of up to eight percent of the national average income for at least 15 years until the person is at least 55 (female) and 60 (male). Those who are already 65 receive the basic pension (8 USD) without having made any payment, provided that all their family members over 16 join the scheme.

Vietnam also started a voluntary pension scheme in 2008 as an own-account system available to the self-employed, farmers and other rural residents. Under this scheme, participants pay at least 16 percent of the minimum wage per year (currently between 80 and 130 USD) for 20 years until they are 60 (male) or 55 (female) to get a monthly pension and survivor benefits. Similar to the basic pension component of the Chinese system, there is a non-contributory old-age allowance (13 USD), to which every person from the age of 80 not receiving any social benefits is entitled. Initial research and media coverage suggest that the scheme is not attractive enough for rural people⁴. By 2010, there were only more than 60,000 participants (Phuong and Castel 2009; Mai 2010). In 2013, private insurance companies such as American International Assurance or Manulife and banks started to market voluntary pension and establish pension funds. Further research is needed to understand how privatized pension works out in Vietnam; for now, it is likely that affordability will remain a major hindrance for rural people.

Non-contributory welfare: cash transfer, social assistance and charity

In both countries, a range of cash transfer and social assistance programs target the rural populations. In rural China, three main programs have been in place since the 1950s, the rural *wubao*, *tekun* and *dibao* programs. The *wubao* program aimed to maintain the basic living standard of the elderly, the disabled and children with no supporting family members, no ability to work and no source of income (Three Nos). Also referred to as the Five Guarantee program, it guaranteed food, clothing, housing, medical care and burial expenses for the recipients, who live in either their own house or care homes. The *tekun* program originally provided cash and kind assistance to destitute households in poor rural regions, and later was replaced by the *dibao* (The Minimum Living Standard Assurance) program. *Dibao* is aimed at providing a safety net for poor households whose income lies below the local minimum living standards. First piloted in Shanghai in 1993, it was expanded to all cities in 1999 and was adopted in rural areas from 2003. By 2012, urban *dibao* recipients numbered 23 million, while there were over 50 million rural recipients (Gao and Zhai 2012). In 2007, each *dibao* monthly transfer amounted to 102 *yuan* for urban areas, about one-tenth of the average pension, and 37 *yuan* for rural areas (Frazier 2010). Households under the scheme can also access subsidies and deductions in the costs of using public services.

In Vietnam, through the Social Guarantee Fund for Regular Relief, monthly cash transfers are made to poor elderly people without family members and income, orphaned children, disabled people, and single parents without income,⁵ similar to the Chinese *wubao* recipients. At a monthly sum of 270,000 VND (13 USD), the transfer covers more than one million people in 2008 (1.3 percent of total population), the majority of whom are rural (Mai 2010, 129). Another form of transfer distinct to Vietnam is the Social Guarantee Fund for Veterans and War Invalids, through which veterans, war invalids and their family members are entitled to monthly transfers of 700–1900.000 VND (35–95 USD). If officially defined as poor or near-poor households, rural people can access a range of benefits in kind, credit and services, such as housing loan, free health insurance, schooling costs support or micro-credits for productive investment. Rural poor households are those with a monthly per-capita income lower than 20 USD (400.000 VND), and near-poor households' per-capital income ranges 401–500.000 VND (urban households have higher ceilings).⁶ There is, however, often an implicit cap on the proportion of local households that can be classified as poor, resulting in local negotiation and maneuvering around its definition (Nguyen 2015a; Chaudhry 2016).

Apart from non-contributory cash transfers, a range of benefits and services are offered by old and new community-based organizations in rural Vietnam and China. In both countries, there is a system of mass organizations sponsored by the party-state for purposes of political mobilization that has existed since the advent of state socialism. These include organizations like the Women's Federation/Union or the Youth Union, which target specific groups through awareness raising, conflict resolution and mass education on issues such as family planning, public health, and parenting. Their existence remains instrumental for state purposes, yet these organizations have been also seeking to reinvent themselves, for instance as partners of development activities, employment service or philanthropy (Howell 1996; Zhang 1999; Li 2010; Waibel and Glück 2013). In rural Vietnam, in particular, these organizations are embedded in social life and can

provide important forms of communal care, such as summer activities for school children or annual festivities (Nguyen 2015a).

The other kinds of social/popular organizations that have been mushrooming in both countries are NGOs and community associations. There are now hundreds of thousands of such organizations in China and thousands in Vietnam, offering care and assistance to migrant workers, poor elderly, orphans, and the disabled or providing relief to victims of natural disasters (Ma 2006; Li 2010; Wells-Dang 2012; Bui 2013). As Li (2010) suggests, the effectiveness and responsiveness of popular organizations during such catastrophic events as the 2008 *Wenchuan* earthquake have led the Chinese government to recognize them, albeit within political limits. Although both governments have realized the need to incorporate these organizations in welfare creation and distribution, there remains strong suspicion that their social initiatives might turn into political movements that could jeopardize the party-state's power (Li 2010; Bui 2013). As a result, they continue to be tightly controlled and can only be legally registered under the supervision of an existing state agency. Meanwhile, these organizations are increasingly sponsored or co-financed by the government (Ma 2006; Bui 2013). Many are actually run by government officials or people with state connections.

As well, there exist a multitude of spontaneous, religious and corporate philanthropic activities reaching out to particular incidents of distress, victimhood or vulnerability (Sidel 1997; Kupfer 2009; Li 2010; Dang et al. 2011; Hildebrandt 2013). In China, the corporate sector contributed 68 percent of total philanthropic giving in 2012 (Li, Song, and Wu 2014). In Vietnam, although the scale of philanthropic activities is smaller (Dang et al. 2011), major companies such as Vinamilk operate through state institutions to provide millions of dollars' worth of milk and scholarships to rural children. An example in China is the journalist Deng Fei, who initiated the well-known initiative *Free Lunch for Children* for rural schools. Local religious institutions and movements have also become active in organizing relief to vulnerable groups (Dang et al. 2011; Nguyen 2015a; Kupfer 2009). Whilst 'doing charity' is an important cultural value in both countries (Wong 1998; Nguyen-Marshall 2008), it has assumed greater urgency as a moral obligation that individuals, organizations and corporations alike must subscribe to in order to demonstrate their social awareness and responsibility (Sidel 1997; Dang et al. 2011; Li, Song, and Wu 2014).

Regional and local politic of needs

While they have become more pluralistic, welfare arrangements in both countries generally divert resources to the higher-income sections of the populations and far more to urban than rural areas (Evans et al. 2006; Evans and Harkness 2008; Besharov and Baehler 2013; Gao, Evans, and Garfinkel 2013; London 2013). There remains a large divide between rural and urban areas (Evans et al. 2006; Frazier 2010). The welfare needs of the rural populations have often taken the back seat in these countries, where the party-state's modernizing goals place greater emphasis on the urban productive work force (Wong 1998; Fesselmeyer and Le 2010; Cho 2013). As Frazier (2010) argues, the current Chinese pension system initially evolved out of the politics of retrenchment in urban factories, through which millions of workers were dispossessed of their employment, and with it the promised life-long social security. He shows that the angry retrenched urban workers formed a looming political danger, and their effective

mobilization through work units pressured the Chinese state to respond by reinstituting pension and some forms of social support (see also Cho 2013; Yang 2013). Similarly, health insurance and *dibao* started first in the cities in response to the discontent of the dispossessed urban workforce, which pose a more immediate threat to the party-state (Solinger 2008; Carrillo and Duckett 2011). Yet over time, dispossessed rural people, who lose land and livelihoods to urbanization and development, have also become potentially dangerous to the party-state and are able to advance their claims on similar entitlements, often based on the very state rhetoric of social harmony (O'Brien and Li 2006; Wells-Dang 2010). The migrant factory workers, now in their second and third generations, possess a more politicized vocabulary of rights and entitlements and do not shy away from putting forward their welfare demands (Pun and Huilin 2010; Kerkvliet 2011). As Yan (2009) shows, a number of migrant workers in Beijing publicly demanded that their children should have the right to go to high school and take part in the national university entrance exam in Beijing rather than in their rural home town where they were registered.

The politics of needs plays out slightly differently in Vietnam, where the state has fewer welfare liabilities for restructured state enterprises because of a smaller urban socialist work force. Yet the legacies of war, which required a broad base of support and human contributions by rural people means that the Vietnamese state cannot afford to overtly downplay their welfare needs. This partly explains the broader base of the Vietnamese welfare state, although cash transfers are more significant in China (London 2013; Gao, Evans, and Garfinkel 2013). In China, the rural–urban welfare difference has also been complicated by the differentials between regions of varying economic development levels. Richer cities such as Guangzhou, Beijing, Chongqing and Shenzhen have been recently experimenting with harmonizing rural and urban citizenship and thus equalizing access to social entitlements (Shi 2012). In these experiments, rural and urban citizens have equal access to local social welfare entitlements, to the exclusion of migrants from other regions. If the experiments are institutionalized, the present rural–urban differentiation will be transformed into an inside-outsider division between the most developed parts of China and its hinterland (Shi 2012).

Despite greater coverage, welfare programs have done little to address the inequalities rooted in the growing privatization of social services and their hierarchical access. Vietnamese rural pensioners currently accounts for 3.5 percent of the total number (Mai 2010). This proportion will be even smaller through the provision of private pension by large corporations, which is likely to be accessible only to the better-off. Whereas in urban China, certain groups can access pension and health insurance from their employers, peasants can only do so if their local government is ready to pay their contributions (Frazier 2010). In both countries, although health care options are now diversified, prices have risen and users' fees in public hospitals have caused out-of-pocket payment to become the most important form of health financing (Huong et al. 2007). These affect the access of the rural poor, whether they have health insurance or not. As a rural informant in Sichuan told Lora-Wainwright (2011, 104), 'If you can walk and eat, you don't go to hospital' – one only does if no other options exist, a situation that the authors also observed in other rural areas of both countries. The fact that access to social services is tagged to the household registration also renders health insurance largely irrelevant for migrants who directly seek urban health care without referral from rural facilities.

The differential resources of localities with varying levels of development exacerbate the unequal distribution of welfare, especially in China. Unlike in Vietnam, where social

insurance schemes are coordinated by the central state, the local state in China is primarily responsible for such programs. In China, responsibility has been shifted down the system from the central level and up from the work unit and agricultural cooperative to converge in the local government (Cook 2011, 216). The local state's differing capacity to negotiate between generating revenues and service provision leads to regional variations and inequalities. Local officials, who tend to behave like entrepreneurs, sometimes siphon off resources from welfare to profitable investments (Frazier 2010; Li and Greve 2011). As an example, the Shanghai government made loans worth 4.2 billion USD out of its pension funds to local developers for more than a decade until this was exposed in 2006 (Frazier 2010). Partly because of such fragmentation, state social services and entitlements in rural and urban areas alike continue to play relatively insignificant roles for people in urgent need of care, especially the elderly or the disabled (Carrillo and Duckett 2011).

Means-tested benefits such as the Chinese *dibao* and the poor household support in Vietnam are also kept to the minimum (Solinger 2011). These schemes are implemented through community-based processes of assessment and selection with potentials for manipulation by local leaders, reinforcement of local power hierarchies and social ostracization (Solinger 2008; Nguyen 2015a; Chaudhry 2016). The categories of 'poor household' in Vietnam and '*dibao* households' in China have become the emblems of dependency and problematic social groups who fail to meet the human capital requirements of the new economy. While they must be supported for the sake of social stability,⁷ they should be continuously monitored and re-evaluated in order to prevent their abuse of and chronic dependence on state benevolence (Hammond 2011; Solinger and Hu 2012; Chaudhry 2016). As Minh Nguyen finds in her research, notions of deservingness and moral propriety also define local processes of negotiation around the poor households, thus moralizing the implementation of the program and rendering its beneficiaries morally problematic.

The 'welfare portfolio' of rural people in both countries, meanwhile, is becoming more and more diversified while displaying a prevalent concern with future risks and uncertainties. Zhang (2017) shows that in addition to their children's support, elderly informants in a village of Hubei province rely on new government schemes such as the Rural Old Age Insurance Scheme or the Rural Cooperative Medical System and market services such as private elderly care homes for the sake of independence in old age. They also make use of private childcare services to support their migrant children and their own productive activities. The rural households in northern Vietnam that Nguyen studies (2015a) do the same, also seeking care services from religious and local associations. As Zhang (2017) and Nguyen (2015a) show, market actors capitalize on such values as filial piety, mutual obligation and self-reliance while marketing the risks and uncertainties of the new economy to promote products and services such as life insurance or care homes in rural areas. In China, a whole 'filial piety industry' marketing services has emerged (Santos and Harrell 2017, 21), including the offer of life insurance packages that children could buy for their parents. Similar ideas are catching on in Vietnam, while life insurance companies are starting to expand to rural areas in both countries.

Non-state welfare actors similarly compete for moral authority over their customers, followers and clients in ways that resemble the state's governing approach through a combination of moral discourses and social control. For instance, the ritual services offered by a local Buddhist pagoda in Northern Vietnam are foregrounded by the idea that they are essential to the spiritual and material well-being of the whole family (Nguyen 2015a). This

creates a moral mandate for the pagoda as provider of these services, allowing it to put claim on local people's loyalty and thus their monetary obligations. In Chen's study of a South China village (2013), the hometown of many overseas Chinese, village elders employ the official and popular rhetoric of patriotism, hometown loyalty and respect for the ancestors to attract funding for village and lineage projects. By providing public goods in this way, these elderly villagers become recognized community leaders with authority parallel to that of village cadres. These local actors participate in welfare provision in ways that gain credentials for them vis-à-vis local people and the state, for whose 'welfare socialization' agenda their participation is instrumental. For corporations, participation in welfare provision often constitutes a strategy for consolidating their political connections and power position in both the market and society (Li, Song, and Wu 2014).

Conclusion

Beneath ambitious visions for a modern welfare state in China and Vietnam are intense struggles over the interpretation of needs, family obligations and redistribution of resources underlined by uneven regional economic development and unequal structures of opportunities. Despite coverage expansion, post-reform welfare in China and Vietnam is both divisive and exclusive. Access is determined by a social hierarchy between civil servants and non-civil servants, between urban citizens and migrants, between insiders and outsiders, between groups of high and low population quality. Some groups, therefore, are better positioned to secure welfare than the others. With varied agendas, state, market and third-sector welfare institutions operate based on both moral discourses and market principles. Their mutual embeddedness suggests that the double movement of economic liberalization and social protection that Polanyi talks about (1985) are mutually constitutive rather than mutually exclusive.

What is particular about the rise of social protection in Vietnam and China under market socialism is the strong role of the party-state, which not only relentlessly fosters the cultivation of the self-responsible moral subject but also exercises a grip on the moral obligations of non-state institutions. Welfare is vital to the party-state, for it gives 'a new legitimacy and permanence to the political arrangements that supervised payments and ensured their continuity. Thus social cohesion was enhanced, the dangers of fragmentation reduced, and the threat of a radical challenge to the political order diminished' (Rose 1999, 82). Meanwhile, means-tested social protection for the poor, the incapacitated and the vulnerable strengthens the image of the party-state as the caring guardian of people's well-being. Reworked into the moral, technocratic interventions divert attention from the dispossession and devaluation that underline post-reform social problems. Indeed, it represents 'a strategic inoculation against a more broadly and socially contested double movement, the kind of political double movement arguably most feared by the agents of a wider liberal project' (Porter and Craig 2004, 257), and those of the party-state.

Notes

1. While universal education is compulsory up to Grade 9 and is state funded, multiple forms of fees proliferate in public schools, creating significant financial burdens for families with school children.

2. The old 24 Filial Exemplars include references to parables of exemplary acts of filial piety, stories about people's self-negation and extreme sacrifices for the sake of their parents, for example, somebody who buried his own son to save his mother from hunger.
3. <http://primeminister.chinhphu.vn/Home/PM-eyes-90-health-insurance-coverage-by-2020/20166/3244.vgp>, official website of the Vietnamese government, accessed on 28 October 2016.
4. <http://baoquangngai.vn/channel/2027/201310/bao-hiem-xa-hoi-tu-nguyen-kho-den-tay-nong-dan-2267872/> (Voluntary insurance is difficult to access for farmers).
5. http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&mode=detail&document_id=22662 – *Nghị định* về chính sách trợ giúp các đối tượng bảo trợ xã hội (Decree on the policy for supporting social protection targets).
6. http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban%3Fclass_id%3D1%26_page%3D37%26mode%3Ddetail%26document_id%3D98923. *Quyết định* về việc ban hành chuẩn hộ nghèo, hộ cận nghèo áp dụng cho giai đoạn 2011–15 (Decision on the standards for poor and near-poor household between 2011 and 2015).
7. Solinger and Hu (2012) found that richer cities are more generous in their *dibao* provisions but try to keep poor people off the street, whereas poorer cities offer less of such provisions but are less strict in regulating local people's livelihoods activities on the street.

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